

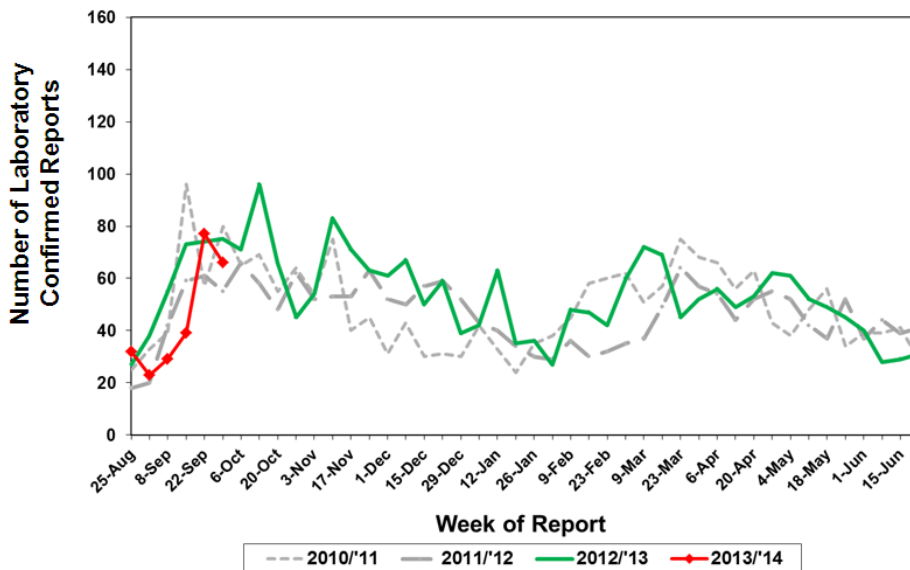
Health Advisory

Respiratory Virus Activity & Evaluation of Severe Acute Respiratory Illness October 23, 2013

Respiratory Virus Activity in Philadelphia

Since the end of August, clinical laboratories have confirmed the return of the cold season, as detections of rhinoviruses in respiratory specimens have steadily increased (Figure). Rhinovirus infection is an important trigger of asthma exacerbation, a condition that can lead to hospitalization. Other respiratory viruses, such as influenza, adenoviruses, respiratory syncytial virus, and parainfluenza, are circulating at lower levels.

Laboratory-Based Surveillance for Rhinovirus: Philadelphia, Counts for 2010/2011 - 2013/2014 Seasons



SUMMARY POINTS

Local Respiratory Virus Activity

- Rhinovirus is predominant virus circulating
- Other respiratory viruses are circulating at low levels; RSV activity slowly increasing

Middle East Respiratory Syndrome coronavirus (MERS-CoV)

- Patients who present with severe acute respiratory illness and report travel to the Middle East within the two weeks prior to symptom onset should be evaluated for MERS Co-V
- For any suspect MERS Co-V patient(s), providers should:
 - Ensure patient is placed under airborne precautions
 - Have respiratory specimens collected for laboratory testing
 - Report case to DDC by calling 215-685-6748

Evaluation of Returning Travelers for Severe Acute Respiratory Illness

The Middle East Respiratory Syndrome coronavirus (MERS Co-V) is characterized as a severe acute respiratory illness with fever, cough, and shortness of breath. Additional clinical features may include diarrhea, renal failure, coagulopathy, and pericarditis. At present 139 cases have been reported (43% case fatality rate). All cases have had links to the Arabian Peninsula (primarily Saudi Arabia, Jordan, Qatar, United Arab Emirates).

Travel to and from the Arabian Peninsula is expected to increase in the coming weeks due to Hajj. Providers are reminded to consider MERS Co-V when evaluating patients who present with acute respiratory infection (fever and cough) and meet the following criteria:

- Suspicion of pulmonary parenchymal disease (e.g., pneumonia or acute respiratory distress syndrome based on clinical or radiological evidence of consolidation); AND
- History of travel from the Arabian Peninsula or neighboring countries within 14 days OR close contact to a symptomatic traveler who developed fever and acute respiratory illness within 14 days of traveling from the Arabian peninsula

Patients who meet the above criteria should be 1) placed under airborne precautions, 2) have specimens collected for laboratory testing, and 3) reported to PDPH Division of Disease Control (DDC) immediately. Appropriate specimens for MERS Co-V testing include lower respiratory specimens such as sputum, bronchoalveolar lavage, bronchial wash, or tracheal aspirate as well as nasopharyngeal swabs, stool specimens, and serum. DDC can assist with coordination of laboratory testing at the PA Bureau of Laboratories and CDC. Any suspect cases should be reported immediately to DDC at 215-685-6748 or 215-686-4514 (after hours). Additional resources are available at: <http://www.cdc.gov/coronavirus/MERS/>